

# **County of Santa Cruz**

#### **HUMAN SERVICES DEPARTMENT**

Employment and Benefit Services Division Emily Balli, Director

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#### **RATES EFFECTIVE JANUARY 1, 2017**

#### **BASIC FOSTER CARE RATE**

\$889

#### MAXIMUM SPECIAL NEEDS

#### **SPECIAL INFANT NEEDS 0-24 MONTHS**

Level I	\$378	Level I	\$282
Level II	\$689	Level II	\$454
Level III	\$975	Level III	\$680

#### **INFANT SUPPLEMENT (MINOR MOTHER AND CHILD IN PLACEMENT TOGETHER)**

Group Home \$1379 Foster Family Agency (FFA), Relatives, \$900 NREFM's, & Licensed Foster Homes

#### **CLOTHING ALLOWANCES**

Annual (Only Kids placed in Santa Cruz County) – All Ages		
Initial -	Ages 0-5 Ages 6-19	\$153 \$233

#### **Supplemental Clothing Allowance – All Ages, No Group Homes** \$100

**NOTE:** Children placed outside of the county receive a clothing allowance rate of the county in which they reside.

#### **EMERGENCY SHELTER CONTRACT HOMES**

Ages 0 -12 \$416 Ages 13 + \$520

### SPECIAL RATE REQUEST BEHAVIORAL CHECKLIST – Child's Age: Birth through 2 Years

Child's Name	DOB	Age	Social Worker
Foster Placement Name		Case Name	
Begin Date	Initial Plan		Update

#### PHYSICAL CARE NEEDS QUALIFYING FOR SPECIAL RATE

PROBLEMS	NOT SPECIAL RATES ELIGIBLE	LEVEL 1	LEVEL 2	LEVEL 3
SEIZURES FP must monitor minor for seizure activity	N/A	History, but none currently or no more than monthly     No loss of consciousness	At least weekly     Loss of consciousness less than 10 minutes; no apnea	At least daily     Loss of consciousness more than 10 minutes; with apnea; or medical treatment needed to stop
INFECTIOUS DISEASE FP must use the following hygiene precautions.	<ul> <li>Universal precautions should be used with all children</li> <li>Common childhood diseases (i.e.: chicken pox)</li> </ul>	Known or suspected, but usual hygiene adequate.     Increased risk for contracting, but able to go out to medical appointments, etc.	<ul> <li>Known or suspected and more than usual hygiene measures needed.</li> <li>Increased risk for contracting, so should remain in home as much as possible.</li> </ul>	Known requiring specialized handling of all body fluids.     Great risk for contracting – specialized handling of food, contacts, toys, etc. is needed
FEEDING FP must use special handling or procedure for feeding. Minor's food intake must be monitored.	Monitor food intake     Set limits about what kind of food	Some choking occasional special handling needed Takes 31-40 min to feed Every 4 hrs with night feeding Occasional vomiting, not serious Special diet/food preparation	Chokes or gags easily; frequent special handling needed Takes 41-50 min to feed Every 3 hours with night feedings Vomits at least twice daily; or requires medication for vomiting	Requires feedings by N/G, GTT, JT and/or pump Takes 51+ minutes to feed Every 2 hours with night feedings Same as Level 2; and affecting adequate weight gain
ELIMINATION: FP must use special handling or procedure according to minor's need	Occasional constipation	Prone to urinary tract infections, needs increased fluids     Chronic constipation/ occasional suppository	Crede needed to empty bladder Chronic diarrhea/runny stools; or constipated and needs daily program	Has vesicostomy/ uretrostomy/illial conduit     Colostomy/ileostomy
SLEEP PATTERN: FP must comfort minor during night sleep time	Wakes occasionally at night	May wake up several times nightly	Prolonged periods of crying creating sleep disturbance	Averages less than 2-3 hours of sleep nightly     Inconsolable crying
MUSCLE TONE: FP must spend extra time handling minor and work with minor to improve muscle functioning	N/A	Impacts on care and/or some developmental delay; need to monitor	Requires special handling; follow up with therapy recommendations at home	Same as Level 2; and requires special equipment for feeding, positioning, bathing, etc.
APPPOINTMENTS: FP must take minor to medical/ therapy appointments; or insure minor's attendance at medical/therapy appointments.	N/A	1-4 appointments per month	5 or more appointments monthly	Frequent need for immediate appointments
MEDICALLY FRAGILE FP must constantly monitor minor's medical needs. FP must insure minor receives ongoing medical care to address medically fragile condition.	N/A	N/A	Born with serious defects     Close monitoring and     medical supervision needed.     High SIDS risk	Born with major defects that are life-threatening. Constant care and supervision needed; surgery pending or post surgical care.

Santa Cruz County				Truman Services Department
PROBLEMS	NOT SPECIAL RATES ELIGIBLE	LEVEL 1	LEVEL 2	LEVEL 3
RESPIRATORY PROB- LEMS: FP must monitor minor's condition and follow appropriate medical procedure to address respiratory condition.	Common cold; occasional ear infections	Frequent colds, respiratory infections, including ear infections requiring medication	Asthma	Bronchial Pulmonary Disease
SPECIALIZED EQUIP- MENT: FP must be trained in the use of tech-nology needed to assist minor in the areas listed.	N/A	Splints, case, braces or positioning equipment	<ul> <li>Aspiration, suctioning, ventilator, or mist tent</li> <li>Apnea monitor</li> </ul>	Oxygen, pulmonaid, broviac catheter, tracheostomy
MEDICATIONS: FP must administer & monitor medications prescribed by minor's doctor. Nonprescription medication not included.	Occasional need for medication	Consistent need for medication	1-3 per day	4+ medications per day
OTHER: Minor has physical need not covered above that requires FP to perform activities that differ from those listed. Indicate condition & additional FP activities.				7
DRUG EXPOSED; AT RISK (D.E.A.R. trained FP)	N/A	N/A N/A	Acute/Long Term with  Uncoordinated fine motor skills  Sensory input problems  Jitterness  Poor feeding/reflux  Hyper/hypotonicity  Muscle weakness	Acute withdrawal (opiates & methadone)     Finnegan Scoring     Meds     Diagnosis of acute gastroesophageal reflux     Cardiac anomalies     Seizure activity     Projectile vomiting     Severe diarrhea     Infectious disease precautions     Increased rate of SIDS with cocaine and heroin

#### FOR CHILDREN UP TO 18 MONTHS OF AGE

LEVEL OF FP INTERVENTION	NOT SPECIAL RATE	LEVEL 1	LEVEL 2	LEVEL 3
BEHAVIOR	ELIGIBLE	MILD: Can be readily controlled with specialized intervention	MODERATE: Is difficult to control, but will respond to sustained specialized intervention	SEVERE: Requires almost continuous specialized intervention
IRRITABILITY: Poor state changes, prolonged periods of crying	Occasional tantrums, need for soothing	MILD: Can be readily controlled with specialized intervention	MODERATE: Is difficult to control, but will respond to sustained specialized intervention	SEVERE: Requires almost continuous specialized intervention
HYPERREFLEXIA: Exaggerated startle reflex, or response to stimuli, arching	N/A	MILD: Can be readily controlled with specialized intervention	MODERATE: Is difficult to control, but will respond to sustained specialized intervention	SEVERE: Requires almost continuous specialized intervention
TREMORS: Jerky movements	N/A	MILD: Can be readily controlled with specialized intervention	MODERATE: Is difficult to control, but will respond to sustained specialized intervention	SEVERE: Requires almost continuous specialized intervention

Santa Cruz County					Н	uman Services Department
POOR SOCIAL INTER-	Some extra nurturing		LD: Can be readily		ERATE: Is difficult to	SEVERE: Requires almost
ACTION: Poor eye contact, doesn't cuddle, not			ntrolled with specialized ervention		ol, but will respond to ned specialized	continuous specialized
responsive					rention	intervention
OTHER (Please describe)	N/A	┢	1	Interv	ention	
OTTIER (Flease describe)	14/11	L		Ш		
	FOR CH	HIL	DREN OVER 18 MONT	THS C	OF AGE	
LEVEL OF FP			LEVEL 1		LEVEL 2	LEVEL 3
INTERVENTION	NOT SPECIAL RATE		MID C 1 1'1	1	ODEDATE I 1'C' L.	GEVEDE D
BEHAVIOR	ELIGIBLE		MILD: Can be readily controlled with specialized		ODERATE: Is difficult to ontrol, but will respond to	o SEVERE: Requires almost continuous
DEMATION			intervention		stained specialized	specialized intervention
				in	tervention	
SHORT ATTENTION	Some assistance with		MILD: Can be readily		ODERATE: Is difficult to	
SPAN: Inability to persist	finding appropriate activity		controlled with specialized		ontrol, but will respond to	almost continuous
in attending to any one object, person or activity.	Some insecurity when caretaker leaves room.		intervention		stained specialized	specialized intervention
Can't play alone.				in	tervention	
EXCESSIVE ACTIVITY:	Some over-excitability and		MILD: Can be readily		ODERATE: Is difficult to	
Constant movement, over-	restlessness; some periods	of	controlled with specialized		introl, but will respond to	almost continuous
excitability and restlessness, won't sit still.	not sitting still		intervention	1003-to 100	stained specialized	specialized intervention
POOR TOLERANCE FOR	Some periods of restlessnes	20	MILD: Can be readily		ODERATE: Is difficult to	o SEVERE: Requires
CHANGE: Restlessness or	or disruption of typical	55	controlled with specialized		ontrol, but will respond to	almost continuous
disruption of typical	functioning		intervention		stained specialized	specialized intervention
functioning, cries when FP				in	tervention	
not present AGGRESSION TOWARD	N/A		MILD: Can be readily	M	ODERATE: Is difficult to	o SEVERE: Requires
OTHERS:			controlled with specialized		ontrol, but will respond to	almost continuous
Deliberate violent episodes.			intervention	su	stained specialized	specialized intervention
injury to others or destruction of property				in	tervention	
AGGRESSION TOWARD	N/A		MILD: Can be readily	M	ODERATE: Is difficult to	o SEVERE: Requires
SELF:			controlled with specialized	co	ontrol, but will respond to	almost continuous
Injuring self; no concept of			intervention	su	stained specialized	specialized intervention
danger	27/1			in	tervention	
OTHER (Please describe)	N/A					
D	 					
Required LIC625 Attached:	Yes					
Auxiliary Needs (spec	ial diet, supplements & ex	ces	s transportation) \$	550		
Transmary Treeds (Spec.	in diet, supplements & ex		ψ.	.50		
Foster Parent Signature:					Date:	
Social Worker Signature					Date:	
Social Worker Signature:						
Supervisor Signature: —					Date:	
Program Manager Signature	e:				Date:	
(If needed, Level III only)						

### SPECIAL RATE REQUEST BEHAVIORAL CHECKLIST – Child's Age: 3 through 5 years

Child's Name	DOB	Age	Social Worker
Foster Placement Name		Case Name	
Begin Date	Initial Plan		Update

### PHYSICAL CARE NEEDS QUALIFYING FOR SPECIAL RATE

	NOT SPECIAL			
PROBLEMS	RATES ELIGIBLE	LEVEL 1	LEVEL 2	LEVEL 3
SEIZURES FP must monitor minor for seizure activity	N/A	History , but none currently or no more than monthly     No loss of consciousness	At least weekly     Loss of consciousness less than 10 minutes; no apnea	At least daily     Loss of consciousness more than 10 minutes; with apnea; or medical treatment needed to stop
INFECTIOUS DISEASE FP must use the following hygiene precautions.	<ul> <li>Universal precautions should be used with all children</li> <li>Common childhood diseases (i.e.: chicken pox)</li> </ul>	Known or suspected, but usual hygiene adequate.     Increased risk or contracting, but able to go out to medical prointments, etc.	Known or suspected & more than usual hygiene measures needed     Increased risk for contracting, so should remain in home as much as possible.	Known requiring specialized handling of all body fluids.     Great risk for contracting – specialized handling of food, contacts, toys, etc. is needed.
FEEDING FP must use special handling or procedure for feeding. Minor's food intake must be monitored.	<ul> <li>Pick eater</li> <li>Low level hoarding</li> <li>FP must monitor food intake</li> <li>FP must set limits about what kind of food child eats</li> </ul>	<ul> <li>Some choking; occasional special handling needed</li> <li>Takes 31-40 min to feed</li> <li>Every 4 hrs with night feeding</li> <li>Occasional vomiting, not serious</li> <li>Special diet/food preparation</li> </ul>	Chokes or gags easily; frequent special handling needed Takes 41-50 min to feed Every 3 hours with night feedings Vomits at least twice daily; or requires medication for vomiting	Requires feedings by N/G, GTT, JT and/or pump Takes 51+ min to feed Every 2 hours with night feedings Same as Level 2; & affecting adequate weight gain
BLADDER/BOWEL FUNCTIONING FP must use special handling or procedure according to minor's need	May need night time diapering     May have occasional toileting accidents	Prone to urinary tract infections, needs increased fluids     Chronic constipation/occasional suppository	Crede needed to empty bladder     Chronic diarrhea/runny stools; or constipated & needs daily program	Has vesicostomy/ uretrostomy/illial conduit     Colostomy/ileostomy
DEVELOPMENTAL DELAY FP must monitor minor's development & assist minor in the formation of age- appropriate self-help & developmental skills and/or perform such skills the minor is incapable of performing.	N/A	Can learn some self-care with constant repetitive training & instruction, i.e.: toilet-training, speech delay	Cannot perform age- appropriate functions or can only do so with assistance. Specify	Requires total care. Cannot communicate verbally. FP must bathe, dress, diaper.
APPPOINTMENTS FP must take minor to medical/therapy appointments; or insure minor's attendance at medical/therapy appointments	An average of 1-4 local appointments per month	Average of 5 or more appointments, locally, or 1-4 appointments out of town, monthly	More than 6 appointments monthly	Frequent need for immediate appointments
MEDICALLY FRAGILE FP must constantly monitor minor's medical needs. FP must insure minor receives ongoing medical care to address medically fragile condition.	N/A	N/A	Born with serious defects having long-term implications. Close monitoring & medical supervision needed.	Born with major defects that are life-threatening. Constant care & supervision needed; surgery pending or post surgical care.

PROBLEMS	NOT SPECIAL RATES ELIGIBLE	LEVEL 1	LEVEL 2	LEVEL 3
RESPIRATORY PROBLEMS FP must monitor minor's condition & follow appropriate medical procedure to address respiratory condition.	Common cold; occasional ear infections	Frequent colds, respiratory infections, including ear infections requiring medication	Asthma	Bronchial Pulmonary Disease
SPECIALIZED EQUIPMENT FP must be trained in the use of technology needed to assist minor in the areas listed.	N/A	Splints, case, braces or positioning equipment	Aspiration, suctioning, ventilator, or mist tent Apnea monitor	Oxygen, pulmonaid, broviac catheter, tracheostomy
MEDICATIONS FP must administer & monitor medications prescribed by minor's doctor. Non-prescription medication not included.	Occasional need for medication	Consistent need for medication	1-3 per day	4+ medications per day
PHYSICAL THERAPY/ OCCUPATIONAL THERAPY/SPEECH THERAPY FP performs physical therapy exercises with minor as prescribed by physical therapist or doctor.	N/A	1 – 4 times a month	Requires at least one hour per day of exercise regimen prescribed by physical therapist or doctor.	Requires 2-3 hours per day of exercise regimen prescribed by physical therapist or doctor.
NON-AMBULATORY FP must monitor minor's condition; assist with or perform functions the minor is incapable of performing	N/A		With help, can perform some self-care functions, can move with assistance of special equipment, eg: motorized wheelchair.	Needs total care. Same as level 2; & requires special equipment for feeding, positioning, bathing, etc.
OTHER Minor has physical need not covered above that requires FP to perform activities that differ from those listed. Indicate condition & additional FP activities.				
DRUG EXPOSED – AT RISK			CNS disturbance     Metabolic/respiratory     disturbance     GI disturbance	Diagnosis of FAS/FAE or other history of in utero drug exposure

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### SPECIAL RATE REQUEST BEHAVIORAL CHECKLIST – Child's Age: 3 through 5 years

Child's Name	DOB	Age	CWW
Foster Placement Name		Case Name	
Begin Date	Initial Plan		Update

### EMOTIONAL CARE NEEDS QUALIFYING FOR SPECIAL RATE

CONCERNS	NON SPECIAL RATES ELIGIBLE	LEVEL 1	LEVEL 2	LEVEL 3
ATTENTION SEEKING: FP must provide minor with extra attention during crisis or to avoid crisis; must know behavior indicators & intervene as needed.	Occasional clinginess  Occasional tantruming	<ul> <li>Demanding, clinging, constant crying, regression to infantile behavior. FP must provide extra comfort &amp; attention.</li> <li>Tantrums &amp; is not easily distracted from tantrum behavior.</li> </ul>	At least daily tantrums- very difficult to get child to cease behavior, refusal to follow basic rules. FP must provide constant limit setting	Tantrums requiring professional intervention.
ABNORMAL STRUC- TURE/SUPERVISION: FP must provide minor with a level of structure higher than appropriate to minor's chronological age.	FP must closely monitor child.	Child cannot play alone or with peers for an period of time without adult supervision.	Child requires regimented routine in order to maintain appropriate behavior.	Child can never be left unattended.
SLEEP DISTURBANCE FP must comfort minor during night sleep time.	Occasional night terrors & need for comforting.	Weekly nightmares Child needs comforting to get back to sleep	Nightmares & night terrors every night.	Child terrified of sleeping, becomes very agitated at bedtime acts out, etc.
ENURISIS: FP must monitor, assist minor with gaining control; extra laundry.	<ul> <li>May need night-time diapering.</li> <li>May have occasional toileting accidents.</li> </ul>	Loss of bladder control at night.	Loss of bladder control during the day.	Need for medical intervention to gain bladder control.
ENCOPRISIS FP must monitor; assist minor with gaining control; extra laundry.	May have occasional toileting accidents.	Frequent toileting accidents	Daily toileting accidents	<ul> <li>Pattern of smearing feces.</li> <li>Need for medical intervention to gain bowel control.</li> </ul>
AGGRESSIVE TO OTHERS/PROPERTY FP must monitor aggressive behavior; intervene to reduce or eliminate aggressive behavior; protect other children, replace property	<ul> <li>Occasional need to intervene with physical conflict with other children.</li> <li>Occasional minor destruction of property.</li> </ul>	Emerging pattern of physical aggression with peers Emerging pattern of property destruction	Regularly aggressive/assaultive FP must protect other children & property	Same as level 2 & chronic, extreme destruction of property Specify
SEXUAL BEHAVIOR FP must monitor minor's behavior, intervene to reduce or eliminate inappropriate sexual behavior, protect minor from exploitation	FP may need to monitor for sexual play with peers Child may masturbate	Redirection of overly-sexualized behavior     Preoccupation with masturbation & sexual activity	Child initiates talk of sex, sees daily activities in sexual terms; is inappropriate with adults, FP must monitor closely     May require counseling	Same as level 2 & history of initiating sexual activity with other children on more than one occasion; sexually aggressive & FP must supervise peer contact to protect other children

CONCERNS	NON SPECIAL RATES ELIGIBLE	LEVEL 1	LEVEL 2	LEVEL 3	
school problems FP maintains contact with pre-school/school personnel; attends pre-school/school meetings and/or IEP's, assist minor with schoolwork and/or homework; insure minor's educational needs & objectives are met.	FP needs to maintain regular communication with school personnel	Child presents discipline problems; may need services from Resource Specialist Program, specialized tutoring	Same as level 1 & needs assessment for special education services	Child will need special day class or intensive special education support to achieve educational objectives	
EMOTIONAL & BEHAVIORAL CONCERNS FP must know & understand minor's mental health needs; monitor & intervene as necessary; assist and/or obtain assistance for minor; follow-thru with therapy recommendations	Child may exhibit situational, temporary moodiness	Behavior indicates need for assessment by mental health professional	Unresponsive & withdrawn; FP must monitor closely; work with therapist.	Suicidal ideation; need for on-going or intensive therapy	
FOSTER PARENT IS EXPECTED TO PARTICIPATE IN THERAPY SESSIONS	Foster parent may be asked to participate in an occasional session	At least every other week	At least weedly	At least twice weekly	
HYPERACTIVE: FP must constantly monitor & redirect the minors behavior. Also may need to administer medication. Must adapt the environment for the child's safety.	Child may have periods of being excessively energetic.	Highly active & demanding of attention from family members. No medication necessary.	Activity level must be controlled with medication.	Constant movement & restlessness. Cannot be controlled with medication. Child up at nights wandering through the house.	
OTHER: Minor has emotional need that is not covered above that requires the FP to perform activities differing from those above.					
Required LIC625 Attached:	Yes				
Auxiliary Needs (special	diet, supplements & excess	s transportation) \$50	)		
Foster Parent Signature:			Date:		
Social Worker Signature: Date:					
Supervisor Signature:	Supervisor Signature: Date:				
Program Manager Signature: (If needed, Level III only)			Date:		

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### SPECIAL RATE REQUEST BEHAVIORAL CHECKLIST - Child's Age: 6 through 11

Child's Name	DOB	Age	Social Worker
Foster Placement Name		Case Name	
Begin Date	Initial Plan		Update

### PHYSICAL CARE NEEDS QUALIFYING FOR SPECIAL RATE

PROBLEMS	NOT SPECIAL RATES ELIGIBLE	LEVEL 1	LEVEL 2	LEVEL 3
SEIZURES FP must monitor minor for seizure activity	N/A	History , but none currently or no more than monthly     No loss of consciousness	At least weekly     Loss of consciousness less than 10 minutes; no apnea	At least daily     Loss of consciousness more than 10 minutes; with apnea; or medical treatment needed to stop
INFECTIOUS DISEASE FP must use the following hygiene precautions.	Universal precautions should be used with all children     Common childhood diseases (ie: chicken-pox)	Known or suspected, but usual hygiene adequate.     Increased risk for contracting, but able to go out to medical appointments, etc.	<ul> <li>Known or suspected and more than usual hygiene measures needed.</li> <li>Increased risk for contracting, so should remain in home as much as possible.</li> </ul>	Known requiring specialized handling of all body fluids.     Great risk for contracting – specialized handling of food, contacts, toys, etc. is needed
FEEDING FP must use special handling or procedure for feeding. Minor's food intake must be monitored.	Picky eate Low level noarding FP must monitor food intake FP must set limits about what land of food child eats	<ul> <li>Some enoking; occasional special fandling needed</li> <li>Takes 31-40 minutes to feed</li> <li>Every 4 hours with night feeding</li> <li>Occasional vomiting, not serious</li> <li>Special diet/food preparation</li> </ul>	Chokes or gags easily; frequent special handling needed Takes 41-50 minutes to feed Every 3 hours with night feedings Vomits at least twice daily; or requires medication for vomiting	Requires feedings by N/G, GTT, JT and/or pump Takes 51+ minutes to feed Every 2 hours with night feedings Same as Level 2; and affecting adequate weight gain
BLADDER/BOWEL FUNCTIONING FP must use special handling or procedure according to minor's need	May have occasional lapse of bladder control.	Prone to urinary tract infections, needs increased fluids     Chronic constipation/ occasional suppository	Crede needed to empty bladder     Chronic diarrhea/runny stools; or constipated and needs daily program	Has vesicostomy/ uretrostomy/illial conduit     Colostomy/ileostomy
DEVELOPMENTAL DELAY: FP must monitor minor's development and assist minor in the formation of age- appropriate self-help and developmental skills and/or perform such skills the minor is incapable of performing.	N/A	Can learn some self-care with constant repetitive training and instruction, i.e: toilet-training, speech delay	Cannot perform age- appropriate functions or can only do so with assistance. Specify	Requires total care. Cannot communicate verbally. FP must bathe, dress, diaper.
APPPOINTMENTS FP must take minor to medical/therapy appoint- ments; or insure minor's attendance at medical/ therapy appointments	An average of 1-4 local appointments per month	Average of 5 or more appointments, locally, or 1-4 appointments out of town, monthly	More than 6 appointments monthly	Frequent need for immediate appointments

Santa Cruz County Human Services Department				
	NOT SPECIAL			
PROBLEMS	RATES ELIGIBLE	LEVEL 1	LEVEL 2	LEVEL 3
MEDICALLY FRAGILE FP must constantly monitor minor's medical needs. FP must insure minor receives ongoing medical care to address medically fragile condition.	N/A	N/A	Born with serious defects having long-term implications. Close monitoring and medical supervision needed.	Born with major defects that are life-threatening.     Constant care and supervision needed; surgery pending or post surgical care.
RESPIRATORY PROBLEMS: FP must monitor minor's condition and follow appropriate medical procedure to address respiratory condition	Common cold; occasional ear infections	Frequent colds, respiratory infections, including ear infections requiring medication	Asthma	Bronchial Pulmonary Disease
SPECIALIZED EQUIPMENT FP must be trained in the use of technology needed to assist minor in the areas listed.	N/A	Splints, case, braces or positioning equipment	Aspiration, suctioning, ventilator, or mist tent Apnea monitor	Aspiration, suctioning, ventilator, or mist tent Apnea monitor
MEDICATIONS FP must administer & monitor medications prescribed by minor's doctor. Non-prescription medication not included.	Occasional need for medication	Consistent need for medication	1-3 per day	4+ medications per day
PHYSICAL THERAPY/ OCCUPATIONAL THERAPY/SPEECH THERAPY FP performs physical therapy exercises with minor as prescribed by physical therapist or doctor on a daily basis.	N/A	e o	Requires at least one hour per day of exercise regimen prescribed by physical therapist or doctor.	Requires 2-3 hours per day of exercise regimen prescribed by physical therapist or doctor.
NON-AMBULATORY FP must monitor minor's condition; assist with or perform functions the minor is incapable of performing	N/A	N/A	With help, can perform some self-care functions, can move with assistance of special equipment, e.g.: motorized wheelchair	Needs total care. Same as level 2; and requires special equipment for feeding, positioning, bathing, etc.
OTHER Minor has physical need not covered above that requires FP to perform activities that differ from those listed. Indicate condition & additional FP activities.				
DRUG EXPOSED – AT RISK			CNS disturbance     Metabolic/respiratory disturbance     GI disturbance	Diagnosis of FAS/FAE or other history of in utero drug exposure

### SPECIAL RATE REQUEST BEHAVIORAL CHECKLIST - Child's Age: 6 through 11

Child's Name	DOB	Age	Social Worker
Foster Placement Name		Case Name	
Begin Date	Initial Plan		Update

### EMOTIONAL CARE NEEDS QUALIFYING FOR SPECIAL RATE

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DDODI EME	NOT SPECIAL	1 123/121 1	I EXTEL 2	I ISVEL 2
PROBLEMS ATTENTION SEEKING	• Occasional clinginess	LEVEL 1  • Demanding, clinging,	At least daily tantrums-	LEVEL 3 Tantrums requiring
FP must provide minor with	Occasional tantruming	constant crying, regression	very difficult to get child	professional intervention.
extra attention during crisis		to infantile behavior. FP	to cease behavior, refusal	
or to avoid crisis; must know		must provide extra comfort	to follow basic rules. FP	
behavior indicators and		and attention.	must provide constant	
intervene as needed.		Tantrums and is not easily	limit setting.	
intervene as needed.		distracted from tantrum		
		behavior.		
L D L C D L L L C C D L L C C D L L C C D L L L C C D L L L C C D L L L C D L L L L			GUIL I	
ABNORMAL STRUC-	FP must closely monitor	Child cannot play alone or	Child requires	Child can never be left
TURE/SUPERVISION	child.	with peers for any period of	regimented routine in	unattended.
FP must provide minor with		time without adult	order to maintain	
a level of structure higher		supervision.	appropriate behavior.	
than appropriate to minor's				
chronological age. SLEEP DISTURBANCE	0	W	Nightmans and night	Childrenified of desire
FP must comfort minor	Occasional night terrors and need for comforting	Weekly nightmares	Nightmares and night	Child terrified of sleeping, becomes very agitated at
l .	and need for comforting	Child needs comforting	terrors every night.	bedtime acts out, etc.
during night sleep time.		to get back to sleep		bedtime acts out, etc.
ENURISIS: FP must	May have occasional lapse	Loss of bladder control at	Loss of bladder control	Need for medical
monitor, assist minor with	of bladder control	night	during the day	intervention to gain
gaining control; extra				bladder control.
laundry.		🖵		
ENCOPRISIS: FP must		Frequent toileting accidents	Daily toileting accidents	Pattern of smearing
monitor; assist minor with		Trequent tonething accidents	Daily tolleting accidents	feces.
gaining control; extra				Need for medical
laundry.				intervention to gain
				bowel control.
EN COMPONIA LO				
EMOTIONAL &	Child may exhibit	Behavior indicates need for	Unresponsive &	Suicidal ideation; need for
BEHAVIORAL	situational, temporary	assessment by mental health	withdrawn; FP must	on-going or intensive
CONCERNS: FP must know	moodiness	professional	monitor closely; work	therapy
& under-stand minor's			with therapist.	
mental health needs; monitor & intervene as necessary;				
assist and/or obtain				
assist and/or obtain assistance for minor; follow-				
thru with therapy recom-				
mendations AGGRESSIVE				
TO OTHERS/PROPERTY:	Occasional need to	Emerging pattern of	Regularly	Same as level 2 and
FP must monitor aggressive	intervene with physical	physical aggression with	aggressive/assaultive.	chronic, extreme
behavior; intervene to reduce	conflict with other	peers peers	FP must protect other	destruction of property
or eliminate aggressive	children.	• Emerging pattern of	children and property.	Specify
behavior; protect other	Occasional minor	property destruction		
children, replace property	destruction of property.		🖵	

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	NOT SPECIAL			
PROBLEMS	RATES ELIGIBLE	LEVEL 1	LEVEL 2	LEVEL 3
SEXUAL BEHAVIOR FP	FP may need to	Redirection of overly-	Child initiates talk of	Same as level 2 and his-
must monitor minor's	monitor for sexual play	sexualized behavior.	sex, sees daily	tory of initiating sexual
behavior, intervene to reduce	with peers.	Preoccupation with	activities in sexual	activity with other children
or eliminate inappropriate	Child may masturbate.	masturbation and sexual	terms; is inappropriate	on more than one
sexual behavior, protect minor		activity.	with adults, FP must	occasion; sexually
from exploitation			monitor closely	aggressive and FP must
			May require	supervise peer contact to
			counseling	protect other children.
SCHOOL PROBLEMS FP	FP needs to maintain	Child presents discipline	Same as level 1 and	Child will need special da
maintains contact with school	regular communication	problems; may need services	needs assessment for	class or intensive special
personnel; attends school	with school personnel.	from Resource Specialist	special education	education support to
meetings and/or IEP's, assist		Program, specialized tutoring.	services.	achieve educational
minor with schoolwork and/or				objectives,
home-work; insure minor's				
educational needs and				
objectives are met.				
FOSTER PARENT IS	Foster parent may be	At least every other week	At least weekly	At least twice weekly
EXPECTED TO	asked to participate in an			
PARTICIPATE IN	occasional session.			_
THERAPY SESSIONS				
LAW VIOLATIONS	N/A	AWOL behavior that puts	Pattern of truancy;	Alcohol/drug use; major
FP must be aware of the		child at risk.	stealing in the home or	theft; assaultive; weapons
minor's behavior in the			community; minor	possession.
community; has constant			antisocial behavior.	
contact with police or pro-				
bation; handle community				
complaints; monitor minor's				
property to insure it is not				
stolen; monitor drug use and				
intervene as necessary HYPERACTIVE: FP must	Child may have periods of	Highly active and demanding	A -4::4 114 b -	Constant movement and
constantly monitor and	being excessively	of attention from family	Activity level must be controlled with	restlessness. Cannot be
redirect the minor's behavior.	energetic.	members. No medication	medication.	controlled with
Also may need to ad-minister	chergene.	necessary.		medication. Child up at
medication. Must adapt the		necessary.		nights wandering through
environment for the child's				the house.
safety.				
OTHER: Minor has		<del> </del>	<del>                                     </del>	<del>                                     </del>
emotional need that is not				
covered above that requires				
the FP to perform activities				
differing from those above.				
Required LIC625 Attached:	Yes		1	
Required E1C023 Attached.	res			
Auxiliary Needs (special	diet, supplements & exces	ss transportation) \$50		
Foster Parent Signature:				Date:
Social Worker Signature:				Date:
Supervisor Signature:				Date:
Program Manager Signature:			Date:	
(If needed, Level III only)	-			

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### SPECIAL RATE REQUEST BEHAVIORAL CHECKLIST – Child's Age: 12 through 18

Child's Name	DOB	Age	Social Worker
Foster Placement Name		Case Name	
Begin Date	Initial Plan		Update

### PHYSICAL CARE NEEDS QUALIFYING FOR SPECIAL RATE

			1	
	NOT SPECIAL			
PROBLEMS	RATES ELIGIBLE	LEVEL 1	LEVEL 2	LEVEL 3
SEIZURES FP must monitor minor for seizure activity	N/A	History , but none currently or no more than monthly No loss of consciousness	At least weekly     Loss of consciousness less than 10 minutes; no apnea	At least daily     Loss of consciousness more than 10 minutes; with apnea; or medical treatment needed to stop
INFECTIOUS DISEASE FP must use the following hygiene precautions.	Universal precautions should be used with all children     Common childhood diseases (i.e.: chickenpox)	Known or suspected, but usual hygiene adequate.     Increased risk for contracting, but able to go out to medical appointments, etc.	Known or suspected & more than usual hygiene measures needed     Increased risk for contracting, so should remain in home as much as possible.	<ul> <li>Known requiring specialized handling of all body fluids.</li> <li>Great risk for contracting – specialized handling of food, contacts, toys, etc. is needed</li> </ul>
FEEDING FP must use special handling or procedure for feeding. Minor's food intake must be monitored.	Picky eater Low level hoarding Private monitor food intake Prinust set limits about what said of food child eats	Occasional vorating, not serious     Special diet rood preparation	Diagnosis & treatment of:  • Anorexia  • Obesity  • Bulimia	Requires feedings by N/G, GTT, JT and/or pump Takes 51+ minutes to feed Every 2 hours with night feedings Same as Level 2; & affecting adequate weight gain
BLADDER/BOWEL FUNCTIONING FP must use special handling or procedure according to minor's need	N/A	Prone to urinary tract infections, needs increased fluids Chronic constipation/ occasional suppository	Crede needed to empty bladder     Chronic diarrhea/runny stools; or constipated & needs daily program	Has vesicostomy/ uretrostomy/illial conduit     Colostomy/ileostomy
DEVELOPMENTAL DELAY – FP must monitor minor's development & assist minor in the formation of age-appropriate self-help & developmental skills and/or perform such skills the minor is incapable of performing.	N/A	Can learn some self-care with constant repetitive training & instruction, i.e., toilettraining, speech delay	Cannot perform age- appropriate functions or can only do so with assistance. Specify	Requires total care. Cannot communicate verbally. FP must bathe, dress, diaper.
APPPOINTMENTS FP must take minor to medical/therapy appoint- ments; or insure minor's attendance at medical/ therapy appointments	An average of 1-4 local appointments per month.	Average of 5 or more appointments, locally, or 1-4 appointments out of town, monthly	More than 6 appointments monthly	Frequent need for immediate appointments

Santa Cruz County			Huma	n Services Department
PROBLEMS	NOT SPECIAL RATES ELIGIBLE	LEVEL 1	LEVEL 2	LEVEL 3
MEDICALLY FRAGILE FP must constantly monitor minor's medical needs. FP must insure minor receives ongoing medical care to ad- dress medically fragile condition.	N/A	N/A	Born with serious defects having long-term implications. Close monitoring & medical supervision needed.	Born with major defects that are life-threatening. Constant care & supervision needed; surgery pending or post surgical care.
RESPIRATORY PROBLEMS FP must monitor minor's condition & follow appropriate medical procedure to address respiratory condition.	Common cold; occasional ear infections	Frequent colds, respiratory infections, including ear infections requiring medication	Asthma	Bronchial Pulmonary Disease
SPECIALIZED EQUIPMENT FP must be trained in the use of technology needed to assist minor in the areas listed.	N/A	Splints, case, braces or positioning equipment	Aspiration, suctioning, ventilator, or mist tent Apnea monitor	Oxygen, pulmonaid, broviac catheter, tracheostomy
MEDICATIONS FP must administer & monitor medications prescribed by minor's doctor. Non-prescription medication not included.	Occasional need for medication	Consistent need for medication	1-3 per day	4+ medications per day
PHYSICAL THERAPY/ OCCUPATIONAL THERAPY/SPEECH THERAPY: FP performs physical therapy exercises with minor as prescribed by physical therapist or doctor on a daily basis.	N/A	12	Requires at least one hour per day of exercise regimen prescribed by physical therapist or doctor.	Requires 2-3 hours per day of exercise regimen prescribed by physical therapist or doctor.
NON-AMBULATORY must monitor minor's condition; assist with operform functions the minor is incapable of performing	N/A	N/A	With help, can perform some self-care functions, can move with assistance of special equipment, e.g.: motorized wheelchair	Needs total care. Same as level 2; & requires special equipment for feeding, positioning, bathing, etc.
OTHER Minor has physical need not covered above that requires FP to perform activities that differ from those listed. Indicate condition & additional FP activities.	N/A			
DRUG EXPOSED; AT RISK	N/A		<ul> <li>CNS disturbance</li> <li>Metabolic/respiratory disturbance</li> <li>GI disturbance</li> </ul>	Diagnosis of FAS/FAE or other history of in utero drug exposure

## SPECIAL RATE REQUEST BEHAVIORAL CHECKLIST – Child's Age: 12 through 18

Child's Name	DOB	Age	Social Worker
Foster Placement Name		Case Name	
Begin Date	Initial Plan		Update

### EMOTIONAL CARE NEEDS QUALIFYING FOR SPECIAL RATE

CONCERNS	NON SPECIAL RATES ELIGIBLE	LEVEL 1	LEVEL 2	LEVEL 3				
ATTENTION SEEKING FP must provide minor with extra attention during crisis or to avoid crisis; must know behavior indicators & intervene as needed.	FP must provide extra comfort & attention from time to time	<ul> <li>Frequent verbal outbursts.</li> <li>Defiant.</li> <li>Refusal to follow basic rules.</li> </ul>	<ul> <li>Constant challenge &amp; criticism of FP's actions attempts to undermine FP's authority in home.</li> <li>Wants total attention of FP; overly jealous of other children in the</li> </ul>	Attention seeking behaviors require professional intervention				
+ DAYO DAYA GERDAYG	FP may need to	D100 1 1 1 1 1 1	home	G1.11.1				
ABNORMAL STRUC- TURE/ SUPERVISION FP must provide minor with a level of structure higher than appropriate to minor's chronological age.	provide extra guidance to help child in developing sound judgment.	Difficulty initiating own activities without direction.	Child becomes anxious or acts out in the absence of structure or established routine.	Child requires regimented routine in order to maintain appropriate behavior.				
SLEEP DISTURBANCE	terrors & need for	Weekly nightmares	Nightmares & night terrors	Child terrified of sleep-				
FP must comfort minor during night sleep time.	comforting.	Child needs comforting to get back to sleep	every night.	ing, becomes very agitated at bedtime acts out, etc.				
ENURISIS: FP must non- itor, assist minor with gain- ing control; extra laundry.	J/A	N/A	Loss of bladder control.	Need for medical intervention to gain bladder control.				
ENCOPRISIS: FP must monitor; assist minor with gaining control; extra laundry.	N/A	N/A	Toileting accidents	<ul> <li>Pattern of smearing feces.</li> <li>Need for medical intervention to gain bowel control.</li> </ul>				
AGGRESSIVE TO OTHERS/PROPERTY FP must monitor aggressive behavior; intervene to reduce or eliminate aggressive behavior; protect other children, replace property.	N/A	<ul> <li>Emerging pattern of physical aggression with peers.</li> <li>Emerging pattern of property destruction.</li> </ul>	<ul> <li>Regularly aggressive/ assaultive;</li> <li>FP must protect other children &amp; property</li> </ul>	Same as level 2 & chronic, extreme destruction of property Specify				
SEXUAL BEHAVIOR FP must monitor minor's behavior, intervene to reduce or eliminate inappropriate sexual behavior, protect minor from exploitation.	FP may need to provide guidance as child begins to explore his/her sexuality.	Redirection of overly-sexualized behavior     Preoccupation with masturbation & sexual activity	Child initiates talk of sex, sees daily activities in sexual terms; is inappropriate with adults, FP must monitor closely     May require counseling	Same as level 2 & history of initiating sexual activity with other children on more than one occasion; sexually aggressive & FP must supervise peer contact to protect other children.				

CONCERNS	NON SPECIAL RATES ELIGIBLE	LEVEL 1	LEVEL 2	LEVEL 3			
SCHOOL PROBLEMS: FP maintains contact with school personnel; attends school meetings and/or IEP's, assist minor with schoolwork and/or homework; insure minor's educational needs & objectives are met.	<ul> <li>FP needs to         maintain regular         communication         with school         personnel.</li> <li>FP will need to         provide assistance         with homework.</li> </ul>	Child presents discipline problems; may need services from Resource Specialist Program, specialized tutoring	Same as level 1 & needs assessment for special education services	Child will need special day class or intensive special education support to achieve educational objectives			
EMOTIONAL & BEHAVIORAL CON- CERNS: FP must know & understand minor's mental health needs; monitor & intervene as necessary; assist and/or obtain assistance for minor; follow-thru with therapy recommendations.	Child may exhibit situational, temporary moodiness	Behavior indicates need for assessment by mental health professional	Unresponsive & withdrawn; FP must monitor closely; work with therapist.	Suicidal ideation; need for on-going or intensive therapy			
FOSTER PARENT IS EXPECTED TO PARTICIPATE IN THERAPY SESSIONS	Foster parent may be asked to participate in an occasional session	At least every other week	At least weekly	At least twice weekly			
HYPERACTIVE: FP must constantly monitor & redirect the minor's behavior. Also may need to administer medication. Must adapt the environment for the child's safety.	Child may have periods of being excessively energetic.	Highly active & demanding of attention from ramily members. No medication necessary.	Activity level must be controlled with medication.	Constant movement & restlessness. Cannot be controlled with medication. Child up at nights wandering through the house.			
OTHER – Minor has emotional need not covered above that requires the FP to perform activities differing from those above.	19						
LAW VIOLATIONS – FP must be aware of the minor's behavior in the community; has constant contact with police or probation; handle community complaints; monitor minor's property to insure that it isn't stolen; monitor drug use & intervene as necessary.	N/A	AWOL behavior that puts child at risk.	Pattern of truancy; stealing in the home or community; minor antisocial behavior.	Alcohol/drug use; major theft; assaultive; weapons possession.			
Required LIC625 Attached:	Yes						
Auxiliary Needs (special diet, supplements & excess transportation) \$50							
Foster Parent Signature:							
Social Worker Signature:							
Supervisor Signature:							
Program Manager Signature:	Date:						